

215039442
61871

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 076	Agency Case No. B5-090019	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/27/2015		TIME OF ACCIDENT 1251	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1253	09/27/2015	
B 82	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 9TH AND O STREET		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 34	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		9TH AND O STREET		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	N204172014306		STATE (Of License)	MN	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	RICHARD H WHITE JR		PHONE	619-382-9535	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/10/1949	
G 5	OWNER	RICHARD H WHITE		PHONE	619-382-9535	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB482935	
V1/O 1	LICENSE PLATE	MH NO. B7877	YEAR 1979	MAKE Other Domesti	MODEL deluxe	BODY STYLE Motor home
V2/O 2	VEHICLE	1979	Other Domesti	deluxe	Motor home	white
I 1	VEHICLE ID NO. (VIN)	3391125153		INSURANCE COMPANY	PROGRESSIVE	
J 01	TOWED TO	TOWED BY		POLICY NO.	58627932-0	
VEHICLE NO. 2						
V1/P 1	DRIVER	COLLEEN L SHULTZ		PHONE	402-617-1087	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/29/1958	
J 01	OWNER	JEFFREY A SHULTZ / COLLEEN L SHULTZ		PHONE	402-617-1087	
K 02	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
V1/Q 4	LICENSE PLATE	PA NO. SCJ154	YEAR 2008	MAKE Dodge	MODEL CALIBER	BODY STYLE 4 door Sedan
V2/Q 4	VEHICLE	2008	Dodge	CALIBER	4 door Sedan	beige
K 02	VEHICLE ID NO. (VIN)	1B3HB48B78D546729		INSURANCE COMPANY	AMERICAN FAMILY MUTUAL INS CO	
L 02	TOWED TO	TOWED BY		POLICY NO.	2179-7775-01-92-FPPA-NE	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F

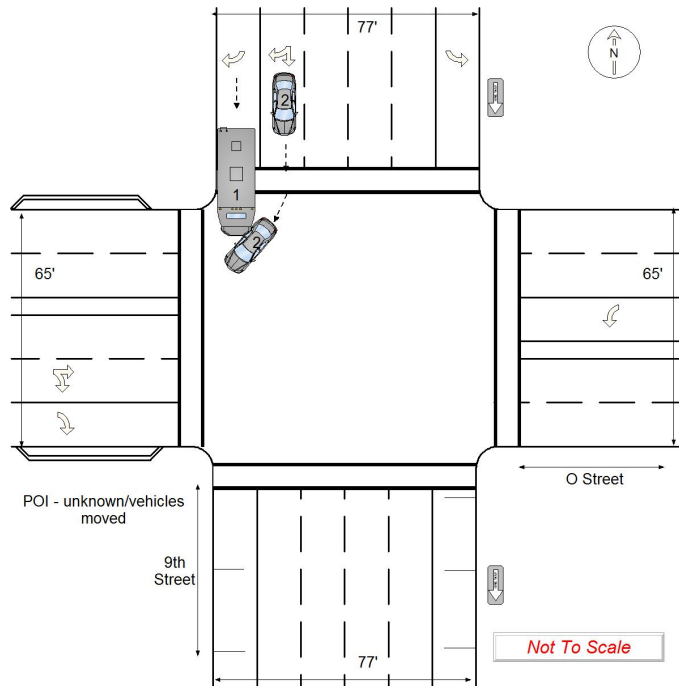
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-090019



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Both vehicles were traveling southbound on 9th St. Vehicle #1 was in the far west lane, which is a right turn only lane, and vehicle #2 was in the lane next to vehicle #1. Vehicle #2 attempted to turn right (westbound) onto O St when it was struck by vehicle #1. The driver of vehicle #1 said he was traveling southbound on 9th St and was going to turn right onto O St but decided not to and went straight instead and ran into vehicle #2. The driver of vehicle #2 said she was southbound on 9th St, next to vehicle #1, and was attempting too turn right onto O St when she was hit by vehicle #1. She said vehicle #1 didn't turn like it was supposed to.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1		X			9TH STREET														
2		X			9TH STREET														
1	01				06 Turning left		POINT OF IMPACT		08	POINT OF IMPACT		03							
2	05				08 Entering traffic lane		MOST DAMAGED AREA		08	MOST DAMAGED AREA		03							
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 08 07 06							
				TROOP/ TEAM/ BEAT 7				DEPARTMENT Lincoln Police Department				Photographs taken? YES NO							
OFFICER NO. 1336				INVESTIGATOR NAME (Print or Type) Nate Hill				INVESTIGATOR SIGNATURE Approved by Officer Nate Hill				DATE OF REPORT 09/27/2015							